PROCEEDINGS

OF THE

AMERICAN INSTITUTE OF HOMŒOPATHY,

AT ITS

Fifth Anniversary Session,

HELD AT NEW YORK, JUNE 14, 1848.

NEW YORK:

CHAS. G. DEAN, 2 ANN STREET.

1848.

The minutes of the last meeting were rea- and approved.

Reports of Committees being in order, Dr. Baxter was called to the chair, when Dr. Williamson presented a report from the Central Bureau, which was read and ordered to be printed.

Dr. Jeanes read his report on *Blood Letting* which was ordered to be printed.

Dr. Payne sent in his report on *Emetics and Cathartics* which was read in part, and for want of time, the further reading was suspended.

Dr. Snow presented a report in part on the employment of *Water* as a therapeutic agent, which was read, and on request of the Committee was recommitted to report in full at the next meeting of the Institute.

A report on *Surgical Means* was then read by Dr. Joslin, and ordered to be printed.

The reports on *Blisters* and other *External Irritants* being called for, Dr. Bayard stated that he was prepared to report only in part, and asked leave to sit again, which was granted.

On leave, Dr. Gray offered the following resolution.

That a committee of three, with power to add to their numbers be appointed, to translate Hahnemann's Materia Medica Pura for publication, without note or comment.

Dr. Kirby then moved that the committee on translation of the above work, be requested to procure the publication of the same under its supervision, which was adopted.

On motion a Committee of Seven was appointed to nominate the Committee for translating and publishing the Materia Medica Pura—viz: Docts. Jeanes, Gray, Flagg, Gallup, Wild, Wells and Dunnel.

In behalf of the committee on medical education, Dr. Kirby stated that they were not prepared to report and asked leave to sit again—granted.

The committee to nominate three members to translate and publish the Materia Medica Pura, presented the names of Drs. Gray, Wells and Quin, who were unanimously elected to constitute the committee for that purpose.

The following committee on elections were then appointed by the chairman :

F. R. McManus, M. D., Baltimore.
C. Whitehead, M. D., Harrisburgh.
J. M. Quin M. D., New York.
E. Clark, M. D., Portland.
Saml. Gregg, M. D., Boston.

The following members re-appointed to constitute the Central Bureau.

C. Hering, M. D., Jacob Jeanes, M. D., W. Williamson, M. D , C. Neidhard, M. D , and J. Kitchen, M. D. of Philadelphia.

Dr. Joslin, of New York, was appointed to deliver the next Annual Address before the members of the Institute.

On motion, it was resolved, That the next meeting of the Institute be held in Albany on the second Monday in June next.

The above resolution, after some discussion, was reconsidered, and it was then moved and carried that the next session of the Institute be held in Philadelphia, in June, 1849.

Adjourned at 2 o'clock to meet again at 4 o'clock.

Thursday afternoon.

At 4 o'clock, in the temporary absence of the Chairman and Secretaries, Dr. B. F. Bowers was appointed Chairman pro. tem., and Dr. H. G. Dunnel Secretary pro. tem.

The further reading of the report of Dr. Payne was called for, and on motion, it was recommitted to the Committee, to be condensed for publication.

The report of the Treasurer was called for, read and ordered to be placed on file.

On motion, the Treasurer was directed to prepare and present bills for the annual assessment to members who had not paid the same.

On motion, it was resolved, That the list of members of the Institute be published with the proceedings.

The report on Anatomical Nomenclature was then called up, and after some remarks by Dr. Jeanes, it was recommitted to the Committee for completion.

A Communication was received from the "Homoeopathic Society of Northern New York," which was read and placed on file.

Communications were also received and placed on file, from

J. H. A. Fehr, M. D., Lexington,
C. A. Stevens, M. D., of Buffalo,
J. Roberts, M. D. of Vassalboro.

Dr. Gray proposed a resolution that a Committee of three be appointed to enquire and report whether the name of the *American Institute of Homoeopathy* had been employed in an improper manner by any local society, which was carried: and on motion, Dr. Williamson was appointed Chairman of such Committee, and was requested to appoint his cotemporaries. The Chair then appointed Dr. Flagg, of Boston, and Dr. Whitehead, of Harrisburgh, both of whom declined serving.

On motion of Dr. Gray, a vote of thanks was presented to Dr. Williamson for the able, patient and impartial manner in which he had presided over the deliberations of the Convention.

On motion, adjourned to second Wednesday in June, 1849.

EDWARD BAYARD,
General Secretary.

ADDRESS OF JACOB JEANES, M. D.,

Delivered before the American Institute of Homœopathy, at its 5th Anniversary Meeting, held at New York, June 14th 1848.

We have the pleasure of again meeting together. We have the gratification of hearing of the advances which true medical science is making in many sections of our country. Well may we exchange congratulations, for the advancement of medicine is a benefit to the human race.

To accelerate such advance, this Institute was established; and it has already created an organization which has commenced its operations. Every successive year has seen it advancing in power and influence, so that, the hope is becoming certainty that it will accomplish the purpose of its formation. The great mass of its members are sincerely and deeply interested in the progress of improvement in medical science, and many are willing to exert themselves to the utmost of their powers for the attainment of this grand object.

In order to advance we must know what will be a forward movement, for, change of position may be retrogression. In order to improve, we must undertake what is defective and what will constitute improvement. To attain to this knowledge we must study our present position and observe in what directions our exertions can prove most effective and useful; and also ascertain both the obstacles which obstruct our progress and the means of surmounting them.

We are, therefore, compelled to survey the present state of medicine, in order, that we may know whether it is defective and requires any improvement or perfect and on that account, incapable of amendment. In doing this, if we extend our views over the whole earth, we find, that medicine exists at the present moment in all its stages, from that which belongs to the most perfect barbarism to that which it has attained in the most civilised countries; and we are thus enabled to compare medicine as it exists among barbarians with the advanced science of the highest civilization without travelling back to remote antiquity.

To minutely examine every object which may appear before us is unnecessary to our present purpose for which the bolder outlines are amply sufficient. For, however instructive, it would be too tedious on this occasion to examine closely the practices of barbarian and ignorant nations in the treatment of disease. It is true, that we might trace many of the methods of medical practice which are in great esteem in civilised communities to barbarian origin; whether to the honor of the latter or the disgrace of the former, time will determine. It is also too true, that we might point to other resemblances between the medicine of barbarous and civilized communities which would lead us to doubt whether the medical science of the latter had yet emerged from barbarism. For instance, we may see the savage tenants of our western prairies priding themselves on their being "great medicines" when they have arsenic and corrosive sublimate in their medicine bags; at the same time that their civilised brethren feel an equal self complacency in the conviction that they are great physicians because they are in possession of certain poisons which can violently disorder particular parts of the system.

But, it is upon medicine as it now exists in civilised communities that we have to make our observations. And, here, what a chaotic and incongruous medley of doctrines and practises is presented to mental vision?—Schools, which claim to be orthodox, in conflict with each other and often divided in themselves.—Schools which do not claim for their doctrines an origin so far back as the time of the sage of Cos, but which pronounce themselves to be better than the schools which boast

of the possession of the accumulated knowledge of twenty centuries. And, wherever the laws do not prevent it, we find the ignorant nostrum-vender in successful competition with the learned practitioner whose diploma pronounces him to be fully imbued with medical knowledge.

Truly! the boldest outlines in a view of the present state of medical science are sufficient to show, that it is deplorably defective. The observation of the differences and contradictions in theory and practice must convince us that this is only too true. But dismissing further remark on this point, as it would be likely to lead us too much into detail, let us direct our attention to another of equal prominence. This is, the fact, that the unlettered quack and the ignorant venders of panaceas and similar nostrums are so often the successful rivals of the educated physician. This one, well known and stubborn fact, loudly proclaims the present imperfection of medicine as it is cultivated in our schools. It shows, clearly, that the medical science of the schools has not yet sufficiently demonstrated its superiority to the medicine of chance and ignorance.

As educated physicians we feel the greatest mortification in these acknowledgments. But oh! how deep has been our humiliation when we have seen professors in our medical schools volunteering their praises of quack nostrums of the constituents of which they were profoundly ignorant? Imperfect as it is, the science of the schools deserved not this degradation, of being thus acknowledged as inferior to a worse than barbarian practice. Well, indeed, might medical science, expiring under the blows of her favored sons, exclaim with the dying Cæsar, "et tu Brute."

But while these general views present cultivated medicine in such an unfavorable aspect; closer views and more minute investigation serve to combine us than its accumulated information and extensive resources it is in reality vastly superior to the medicine of ignorance and quackery. There is truth in medicine. And, it is a science capable of cultivation and immense improvement. If these are properly extended, the learned physician will prove himself to be so far superior to the ignorant pretender, that the latter will be unable to succeed wherever the former is to be found; and the graduate of the medical schools need never want the aid of the legislator to guard him against the competition of the quack. Sound public opinion based upon observation and experience of their comparative merits will secure him from this degradation.

If, as has just been asserted, medical science is capable of cultivation and great improvement, it will be proper to enquire, what are those obstacles which have thwarted its advance for two thousand years. During this time, in spite of the accumulation of many valuable observations, its advancement has certainly not been what might have been expected.

But, it may be asked, on what grounds, since medical science has hitherto made such little progress, can we hope, now, for any more rapid advancement? The answer to this is, that the improvements and discoveries in the collateral sciences and the discovery of the homœopathic law and of the operation of highly attenuated medicines has opened a way to a new, rich and inexhaustible field of medical knowledge. We may therefore not only hope for, but we may also reasonably calculate upon continued advances in our science, though we must acknowledge the existence of obstacles which prevent that rapidity of improvement which is desirable both for the advantage of science itself and for the welfare of humanity. To the most prominent of these we will now direct our attention; as its exposure will insure its overthrow.

This is Superstition. Its follies and its cruelties in medicine have inflicted the most severe injuries on the human race. And, it now stands, the most vigorous, active and effective enemy of advance in medical science. It clings with the pertinacity of ignorance and the devotedness of faith to antiquated error; and repels the truth which is newly discovered with the hatred of bigotry.

If we have here employed an impersonation, let us understand what is meant to be personified. Superstition is a term derived from the words super, above, and sto, I stand. It is employed to designate a certain condition or operation of mind in the exercise of belief. For instance, it is applied to the belief in witchcraft, ghosts, fairies, genii, &c. This term is beautifully adapted to express the mental condition or operation to which it is thus applied. Super sto, I stand above.—Above what? Above all facts or want of facts; above all evidence or the absence of all evidence and above and beyond all reason. In other words; I believe or disbelieve because I

will to believe or not to believe. The mental operation in this case may therefore be expressed as the action of faith under the influence of the will and without the concurrence of the judgment.

Superstition must render the mind which is prone to its influence, unfit for scientific research. And it has necessarily been long since discarded and avoided in many of the paths of science. The Zoologist no longer discourses of centaurs and griffens, and the chemist has ceased to perform incantations in his laboratory. In some branches of science the knowledge of facts and names constitutes the science. The knowledge of the plants which exist, their names and the relations which they bear to each other forms the science of botany. The knowledge of the elementary constituents, the form, color, density, specific gravity, &c. of minerals, is the science of mineralogy. Here the things which are known are facts in nature; and of these, observation is the teacher. Imagination and belief have no concern in the matter. The man who would deny the existence of a plant or of a mineral with the specimens before him, or who would assert on hypothesis the existence of plants and pretend to describe them, although such had never been found, would be justly despised by the cultivators of those sciences. Without a strict adherence to the rule, to admit nothing which cannot be proved, and to deny nothing which is positively ascertained, the wildest chimeras of the imagination might be palmed upon us as real truths.

But in medicine, it is unfortunately different. Here there is oftentimes more regard paid to what is termed authority, than to the observation of facts. In consequence of this disposition, the superstitious notions of past times are received as truths, although changed in name and form, and oftentimes perhaps for the worse. Whilst new discoveries whose value can readily be tested by observation and experiment are rejected and their proper investigation is derided. The latter point is fully exemplified in that greatest of modern or ancient discoveries in medicine: namely: Homœopathy. This beautiful and most highly useful science has met with all the reproach and opposition which superstition and ignorance has ever exercised against advancing truth. True to themselves and their accustomed course they charge their own faults upon that which will destroy them. And it thus happens that many very ignorant persons believe that superstition is in some manner connected with Homœopathy. A brief view of the prominent facts relating to this science will not only serve to show the falsity of this opinion, but will afford us a striking contrast between a system of medicine founded upon observation and experience, and the old school systems which are so largely composed of superstitious notions and practices.

Homœopathy asks no belief on authority, no faith in assertion. It only demands observation of the facts in nature; and admits only of legitimate inferences from these facts.

It is true, that the homœopathist believes in certain things as facts which are denied to be facts by his opponents. For example, he believes that very minute doses of medicine are capable of producing important effects upon the animal system. But he does this, because he has observed the fact in such numerous instances, that he cannot doubt its existence.—Is it superstition to believe a fact upon sufficient evidence?—Certainly not. Nor is the fact so new or strange that if he should believe it of every medicinal agent, that he should be considered very credulous.

With the facts constantly before us, that small-pox, measles, scarlet fever, and a variety of other diseases are produced by inappreciable quantities of the infecting agent. With the knowledge, that the miasms of sickly countries and those which produce influenza, cholera and plague have never yet been detected by our ablest chemists in their analysis of the atmosphere. With these facts and this knowledge before us, who but the most unphilosophically incredulous can doubt that very minute doses of pathogenetic agents are capable of producing important effects upon the animal economy? To multiply illustrations may be unnecessary, but as it is easy and not uninteresting to do so, it may be remarked, that those who have been poisoned by the wind which has blown upon them from the swamp-sumach, or those who have fainted from the odor of lillies or musk, and those who have had the asthma from the effluvia of Ipecacuanha, must all acknowledge that they have experienced very important effects from very minute doses.

Let us suppose for the sake of argument, that there is no miasm in sickly countries, that there are no infectious emanations in small-pox and measles, that the Rhus did not

poison, nor the Musk make faint, nor the Ipecacuanha act upon the respiratory nerves. Let us suppose all this, and more; that all the persons who have had these affections were to have become sick just in the manner and just at the time they did, as patients are said to recover under homœopathic treatment, that is, for no other reason and from no other cause than that they were to get so. Suppose all this were as here stated, still, the belief, founded as it has been upon observations of numerous cases and careful scrutiny and comparison of the same, can not be considered superstition, but must be admitted to be mistake.

But such suppositions are too absurd to be seriously admitted; for it would require the most monstrous credulity to believe that such a large number of physicians and others in so many parts of the world and supported in their judgment by an immense number of facts could be mistaken in relation to the simple fact of the operation of morbific agents in very minute doses.

What is there then so startling in the proposition that diseases may be cured by very minute doses of medicines that its scientific investigation should be scouted? Are not all medicines morbific agents? Is it not in consequence of their power of modifying the actions of the animal economy that they operate as remedial agents? If so, their curative operations may be rationally expected from as minute doses as are capable of producing disease. It certainly appears to be a rational inference that Rhus might modify an existing erysipelas, or Ipecacuanha exert an alterative power in a present asthma, in as small doses as would be sufficient to produce these disorders in persons in apparent health.

Besides all this: it is not in the least degree more inexplicable that medicines should produce these effects in very small quantities, than that they should operate as they do in larger doses. We cannot yet explain, how or why, the Tartrate of Antimony causes vomiting, or Rhubarb purging, or Mercury salivation. It is true, we may say that the first causes an inversion of the action of the muscles of the stomach; that the second increases the peristaltic action of the bowels; and that the last stimulates the salivary glands to inordinate secretion. If we did not sometimes hear, and once in a while read similar lucid explanations of the operations of medicines, we would not believe that men who had regularly studied any science, could be so stupid as to give the facts as explanations of themselves. This is indeed the puerile explanation, "that it is so, 'cause it is so."

The truth is, that we know of the operation of medicines by the effects which they produce. And this knowledge is the result of observation and experience. Of the same character is the knowledge of the variation of effects from difference of dose.

In spite of these obvious truths, many people speak as if there were some other mode or means of knowing these things. They speak as if there were an intuitive perception or an inspiration which is to be depended upon in regard to doses. The name which is most frequently applied to this inspiration or intuition is common sense. It is usually employed after this manner: "Your common sense must teach you that no medicinal agent can operate in such minute quantities as the hundredth or even as the fiftieth part of a grain." It is a shame, thus to abuse the respectable quality of common sense, by blending its name with such common nonsense. But it is more shameful still to bestow its name upon such an imaginary attribute of the human mind as this intuitive perception. We have said imaginary, because there are some slight doubt of its existence. If it does exist, it will enable to dispense with much of the labor of observation and the trouble and hazard of experiment. We may begin by questioning it in this manner. Since you have taught us that no medicine operates in the fiftieth part of a grain? tell us will any act in the fortieth part of a grain? If it answers, no; let us ask, what it has to say in regard to doses of the tenth of a grain, or a grain, or a hundred grains? If not incapable of saying any thing else than no; it may at length begin to answer yes; they will operate in this dose. Therefore, the professors of this intuitive perception require no process even of study, to learn the doses in which medicines will act, because this knowledge is intuitive. However valuable that may esteem it, we who lay no claim to it do not envy them its possession, as its vaticinations do not accord with the results obtained from observation, experience and the exercise of common sense.

On a review of what has just been said, it will be found that the homœopathist rests his belief of the operation of minute doses, on observation of facts. Here is neither superstition nor mysticism. But with his opponents we find the disposition to deny investigation;

and to discredit facts by means of a mystical mental attribute. Here truly is mysticism.

Having acquitted Homœopathy of the charge of superstition, we next proceed to examine into the doctrines of the old school of medicine, and see whether it is not the guilty party.

Not to go back to the times when they annointed the weapon which had injured, in order to cure the wound which it had inflicted. Not to call up for judgment the fantastic and superstitious opinions and practices of other times. But to exhibit the superstitions which are to be found in the doctrines and practice of the present day is now our object. To note all, would require more time than would be allowed to a single lecture. We shall therefore limit ourselves to a few examples, which may accomplish as much good as a more laborious investigation, by convincing physicians of the strong necessity which exists for them to cultivate those dispositions of mind which are favorable to philosophical research.

We will first direct our attention to certain superstitions connected with blood letting. But it must be understood, that we do not intend at this time, to express our opinions in relation to bleeding, as a remedial means. Our intention is here to confine ourselves to a consideration of it as a superstitious usage.

It was once a very common practice for persons to be bled once a year. And whole families, from the aged grandsire to the youngest child were submitted to the performance of this barbarous and superstitious rite. This custom although not entirely extinct is rapidly passing away. It was founded upon no observation of its beneficial effects. No statistics were ever collected to show that persons lived longer or more heartily from its observance. Reason had nothing to do with it. Superstition commanded a blind obedience, which was readily yielded. The mental feelings or operations which produced this result, must have been of precisely the same character as those which forbid the changing of stocking which had been put on wrong side out, for fear that it might spoil good luck.

Unfortunately for the happiness of the human family, the equally superstitious practice of bleeding in that situation where blood is most required, to the injury of the individual and the deterioration of the race, is still quite common. Here also, no statistics prove the rectitude of the practice, but, on the contrary, daily experience shows its very pernicious consequences. And yet the practitioners of medicine generally aid in the maintenance of this absurd custom, which professes all the characteristics of the most revolting and degrading superstition. These are the infliction of positive injury and suffering in the dread of a mysterious evil, and in the hope of an unknown good.

That customs so ridiculous and detestable should have continued so late in the nineteenth century, amidst the great advancements in scientific knowledge, affords a strong illustration of the truth of a remark made by a French writer, that "superstitious ideas are almost ineffacable, being engraved by fear or hope." "Les idees superstitieuses sont presque ineffacables, entant grave's par la peur ou lésperance."

Let us pass from these grave and serious errors to amuse ourselves for a moment over a comparatively innocent superstition of some of our medical brethren of Europe. It may recall to our minds some other silly notions in relation to blood-letting, which may prevail in our own country. The one alluded to, is mentioned by the justly celebrated Magendie in one of his lectures, in the following manner.

"But there is another method of blood-letting, which is reserved for great and important occasions, and to which very honorable and conscientious men accord incontestable efficacy; I mean *cross* bleeding. Suppose a case in which a variety of therapeutical measures have proved unavailing, while the disease continues to gain ground; a case, in short, in which ordinary art is powerless. What is to be done under such circumstances? A consultation of medical celebrities is, of course, held, and upon what do you suppose the deliberation sometimes turns? Upon the propriety of opening a vein in the right arm, at the same time as another in the left foot! I was actually, some while past, one of a consulting party, among whom this proposition led to a discussion worthy of taking rank with the richest scenes of comedy. I do not seek, gentlemen, to excite your hilarity; the patient was a dying man, who had but a few moments to live. Who would have dreamed that in an age which judges with such severity the prejudices of our fathers, men could be found not only to tolerate, but actually to extol such supernatural practices? Is there, I would ask, such a very great difference between the employment of amulets, which have supplied such a capital butt for our gibes, and the con-

fidence attributed to bleedings, the jets of which cross each other in the form of an X ? The day will come, and may not be far removed, when the profession will refuse to believe, that in the year of grace, 1837, conscientious practitioners of the capital of France, were found to countenance such monstrous absurdities."

Thus speaks Magendie. Let us add: the day will come, and may not be far removed, when the profession will shake off the trammels of superstition and become the benefactors of mankind, by the cultivation of true medical science.

It may be said, with truth, that these superstitions are not adopted by all the adherents to the old school doctrines. But it cannot be, truly denied, that they generally if not universally accept the doctrine of tonics. If this has no foundation in fact; if there is no agent known, which possesses, not a mere nutritive, but, an inherent strengthening power; is not the belief in a tonic, to be considered as visionary, absurd and superstitious, as a belief in the philosopher's stone, which could transmute the baser metals to gold; or in the Elixir of Life, which should confer eternal health and youth.

The extension of this doctrine among medical men is due, in a considerable degree, to Cullen, who attempted to explain the curative effects of Peruvian barks in intermittent fever, on the grounds, that the barks by their tonic properties, prevented a recurrence of the debility upon which he supposed the disease to depend. Originally the idea of the tonic, was intimately associated with that of the tanning properties of barks. The latter were to convert the dead skins of animals into leather, and it was supposed that they must be capable of strengthening the living fibre. But as a large number of medicines which do not possess the property of tanning, also cured intermittent fever, this latter doctrine was pretty generally abandoned, even before the discovery that the curative power of the barks in intermittent fever depended not on their tannin, but on an alkaloid, the Quinia.

As barks were admitted to cure intermittent fever by their tonic powers, the same powers must be accorded to all other articles which effected the same purpose; and arsenic and a vast number of other agents were placed in the catalogue of tonics, and preserve this place and denomination in the books on the Materia Medica at the present day. This shows that although the tanning doctrine on which the doctrine of tonics was based, could not be supported, still the latter has continued to exist in spite of the destruction of its foundation.

The abandonment of the tanno-tonic theory has, however, led to great difficulties among the believers in tonics. They appear to feel themselves obliged to tell how tonics operate as tonics. One supposes them to be sedatives, whilst another thinks that they are mild and permanent stimulants. But the contradictions, absurdities and puerilities into which the tonicists run, can only be appreciated by reading their works.

We would meet the doctrine of tonics as a question of fact. We would ask, do the Peruvian barks, Arsenic and the bitters which stand at the head of the lists of tonics, possess directly strengthening properties. If so, each one of us who falls short of the strength of which humanity is capable, may hope to attain this standard, by a perseverance in their employment. But who of us would, on guidance afforded by observation of their effects, take a course of Cinchona or Arsenic, when in health, to increase his strength. Or who of you will employ bitters freely for a long time, when he hears, even, the advocates of their tonic powers say, "that bitters ultimately produce atony, if continued for a long time ?" Not one. We will leave this to the partizans of the superstitious school, and to their deluded followers and victims.

Imperfect and erroneous as was this theory of Cullen, it should still be held in grateful remembrance. It was an attempt to explain a fact. It is true, that it proved a failure, and even ridiculous in some of its features. And, worse still, that it introduced ideas and practices into medicine, which were false and pernicious. Yet it was this very theory which lead the illustrious Hahnemann to investigate the real effects of the Peruvian bark upon the human system. Engaged in translating some of the works of Cullen, from the English into the German language; the views of this author in regard to the mode of operation of remedies in the cure of intermittent fever, appeared to him so unsatisfactory, that he resolved to ascertain the operation of Cinchona when taken in the state of health. The results of his experiments were such as to induce farther experimentation and deep research, which at length guided him to the recognition of the

homœopathic law of cure ; the most valuable discovery ever made in medical science.

We often hear of medicines as purifiers of the blood ; of sulphur, or of sarsaparilla, or of purgatives purifying the blood. We, perhaps, may not read of these things in books, written by very learned physicians. And, perhaps, it may be said that this is the doctrine of a preceding age, and not of the present. But, as was very correctly remarked by Dr. Bayard, in his instructive lecture at our last annual meeting: "the professional theory and language of one age, become the popular language and theory of the succeeding age. The explanations which the physician finds it most convenient to give his patient, are intermediate between the two, (i. e.) half professional, half popular ; half in the language of the old theory, which has had time to diffuse itself through the community, and half in the language of the recent authors, with which the medical man may be familiar."

The present views, practice and language of physicians in relation to purifiers of the blood, affords a strong illustration of the truth of this remark. The idea of particular medicines purifying the blood is still strong in the popular mind. This is, because its medical teachers, although they repudiate the humoral pathology, yet leave their patients under the impression, when sulphur and sarsaparilla are prescribed, that these medicines are given to purify the blood; and when they attempt to repel cutaneous diseases by external applications, they at the same time direct the employment of purgatives : asserting, that there is no danger to be apprehended from the repulsion of these diseases of the skin, if care be taken at the same time to carry off the disease through the bowels by means of cathartics.

It may appear a little dishonest to deny the doctrine of impurities in the blood, and at the same time to prescribe remedies for its purification. But we do not make this accusation. For contradictory as these doctrines are, we can admit, that they are still both honestly believed. It affords another exemplification of the operation of faith under the will, without the concurrence of the judgment, where inconsistencies are more likely to occur than to be avoided.

The incessant elimination of matters by the animal system, so dissimilar in character to the aliment, leads to the conclusion, that the matters ingested are at length changed into forms from which no power can be derived, and then their removal is demanded. As the blood is the vehicle in which these matters are carried to the various orders of excretion, it must contain things which may very properly be termed impurities. A check or alteration of the secernent action of any excernent organ, may cause the matters which it is the function of such organ to remove, to be present in excess. The consequences of such an accumulation, must differ according to the organ or organs affected, and the character of the affection. As chemistry has taught us that the excreted matters present not only a great variety of forms, but also a great diversity of chemical constitution; the idea that a medicine like sarsaparilla or sulphur can act as a general chemical agent in the neutralisation of these matters is too preposterous to be entertained for a moment. Nor does experience in the use of these medicines afford grounds for attributing to them any such power. It is true that each may remove some forms of disease, but so can every other medicinal agent. The remedy in every case of disease is that agent which can so modify the vital principle as to cause a restoration of the performance of the proper functions of the deranged organs. We can conceive of no remedy but that which shall operate in this manner. We may drench the disordered system with sarsaparilla ; we may afflict it with sulphur and purgatives, and diaphoretics and diuretics and yet only increase its disturbance and suffering. The only other way in which we can imagine a remedy to purify the blood, is that it should be intelligent to know the impurities, and organised to be capable of siezing and throwing them out of the system.

The symptoms of diseases, their courses and their terminations so often, appear to be the efforts of the system to effect its restoration to health, that Von Helmont adopted the idea of the existence in the animal body of an intelligent principle which directs these movements. It was embraced by a number of physicians of great talent and high standing. This doctrine is not very widely dissimilar from that of the vis medicatrix naturæ, which is generally adopted, to a greater or less extent at the present time. Both owe their origin to the fact just stated, and stand as its theoretical explanation.

If then, as we seem justified in admitting, the symptoms of disease are generally the product of the effort of the system for its restoration to healthy action, what can be more ra-

tional than the employment of a homœopathic remedy, which from the circumstance, that its primary action is in the direction of the recuperative efforts of the organisation, must hasten the necessary crisis, and by its secondary operation in accordance with the law of reaction, must favor the cessation of violent action when this ceases to be requisite.

These remarks are not made to prove the existence of the homœopathic law. Its recognition is based upon an immense multitude of facts, and neither requires nor can be strengthened by theoretic speculation. In other words, it is itself a fact. But is allowable to attempt sometimes to explain how it does operate.

We have just employed the term crisis, and we have employed it to signify one of those changes of action which so frequently occur in disease, and which appear to be necessary to restoration to health. For instance, the eruption of the pock in small pox, which is usually accompanied by a great abatement of the fever in one of the crises of this disorder. The profuse perspirations, &c., which are attended with immediate abatement of other forms of fever, are the crisis in these fevers. Not that the pock or the sweat is itself the crisis, but the grand changes which accompanies these, and of which these themselves are only parts, are the crises. Each disease requires a form of crisis peculiar to itself; it may be by the eruption of rash or pock, or by this or that kind of perspiration, or by the kidneys, or the bowels, or in some other manner. In diseases arising from excess of excrementitious matters in the blood we should expect that the crisis would be marked by an unusually copious secretion from the organ whose action has been suspended. But this though it may sometimes be the case is not always so; for in the disordered conditions of the system, these matters may undergo changes and modifications which never occur in the state of health, and may require to be thrown off by other organs than those primarily affected. How wrong must then be the practice of violently deranging the organs of excretion, forcing false crises and preventing or rendering less perfect the real? How many cases of life long suffering have there not been, which were caused in this manner?

And this practice is common from a vague notion which is popular among physicians and others; that purgatives, and diaphoretics and diuretics purify the system. This cannot be. The normal performance of the functions of the excretory organs do purify the system. The abnormal performance of these functions under the deranging influences of these agents involves a more or less complete suspension of the normal actions, as the difference of character of the excretions under the different circumstances clearly evinces.

One would think that this observation alone, would have deterred men from inducing violent derangement of the organs of excretion. But superstition which sees in the self-inflicted sufferings of the fanatics of Hindostan, the proper performance of a religious rite; can glory in the depraved secretions produced in the throes of the tortured organs; and can believe with the very evidences of mischief before their eyes, that they are doing the system good service, and are freeing it from its impurities.

This brief review of several important points in the history and present condition of medical science, must lead to the conclusion that submission to the dictates of superstition and an indulgence in chimerical and illusory speculation have impeded its progress. The experience of the past will be of great advantage to us, if we make proper use of it. The knowledge of the errors into which our predecessors have fallen, may teach us to avoid similar ones. We have learned that science cannot be advanced by what is untrue; and that there is no use in denying facts because they do not accord with our views. They are obstinate things, which will exist, deny them as we may, and will always give the lie to false theories. They are the basis of all true science, and are therefore to be sought, studied, and as far as possible understood. It is in this simple but laborious manner that we have to pursue our object, the improvement of medical science. We have to ascertain the facts in regard to the operations upon the animal economy, of the agents which surround us, and that too in all the various forms, modes and quantities, in which either by accident or intention, they may be brought to act upon it. We have, more closely than has hitherto been done, to observe all the phenomena of health and disease, that we may arrive not at an explanation of them, but to a knowledge of the laws which govern them. Enough is seen by every observant and experienced physician to make him acknowledge, that here is a field the cultivation of which may produce a rich harvest. Laws

may be discovered which may give a greater certainty to the application of the homœopathic law.

The attainment of this latter object, namely, the greater certainty in the application of our remedial agents, will be greatly forwarded by an acquaintance with the facts in regard to the relations of the pathogenetic operations and remedial effects of remedies which are closely similar to each other in chemical or botanical characters, or which possess other marked resemblances. These investigations lead us into every department of the natural sciences, which thus become incorporated with medicine, and are no longer to be viewed as merely collateral branches, but as members.

What an immense scope is here presented for the exercise of human intelligence? And how much must we feel elevated by the thought, that our minds are actively engaged in the pursuit of this most valuable knowledge; and that we are contributing, even if it be but little, to that fund of information, which is to raise man to higher and higher elevation as an intellectual being, and by bringing him to more and more health to render him a happier and a better one.

We have said a better being, and we mean it. Imperfect health is the cause of insanity or intellectual or moral weakness. Vice and the miseries which are its accompaniments owe their existence to these causes. Remove the cause and the effect will cease. Remove the ill health, the intellectual disorder disappears. The improvement in medicine already introduced by the discovery of the homœopathic law justifies us in looking forward to the time when we will be able to accomplish all this, and when in the place of poisons to punish crime, we shall have hospitals for the cure of those who are unhealthy enough to wilfully do wrong.

This may be considered as enthusiasm. If it is so, it is still well. Let us indulge and cultivate it. For unenviable is the life of the practitioner of medicine, who has not enthusiasm, and faith, and hope in the advancement of his science. Let him accumulate wealth, let him eat of the fat and drink of the strong, let him ride in pomp, and let unmerited honors be showered on his head. Commerce might fill his coffers more rapidly and more largely; and as to honors they weigh but little against the subserviance which such a one is likely to exhibit to the caprices of his patients, and to his flattery of their prejudices. But wealth and honor when won by the physician, are earned with continual toil, which scarcely allows to him the possession of a moment, which he can call his own. Night and day he is called to new toils and fresh anxieties. He lives in the atmosphere of disease, and is often compelled to visit the bedside of death. It is not the well who seek his aid, and it is all a sick world to him.

What can compensate him then for the devotion of his life to his profession, but the knowledge of the benefits which he is bestowing upon his patients? What can reward him but the consciousness that he is instrumental in advancing the progress of mankind to higher attainment and happiness.

DOSES OF MEDICINE,

BY P. P. WELLS, M. D., BROOKLYN, N. Y.

Read before the American Institute of Homœopathy, June, 1848.

The word Homœopathy as now commonly used, may be regarded as expressing three general ideas, more or less distinct and complete. It is made to express the idea of a system of medicine, rather than its more legitimate and restricted one of a simple law, and this system is understood to contain new and peculiar views of diseases themselves, of the law by which alone they are cured, and the best means to be employed in their cure.—These are the three general ideas peculiar to the system of Homœopathia, and which are presented more or less distinctly to the intelligent mind when the word is used. Their discovery and development were not in the order in which they stand in the above enumeration, but rather, first the law of cure, then the means, and afterwards the true philosophy of disease. The first of these, the law, was recognized at the onset, as a law, and, as such, not to admit of improvement or amendment, more than any other law of nature, as that of gravitation for example. It was complete in itself—perfect—such it remains to day and will ever remain, and as such it is presented to the confidence of this body and the world. Not so with the other two ideas. They are not yet perfected. Much that is absolutely true is known which belongs to each, but there is much yet to be discovered. And it is believed that all the improvement which Homœopathy admits of, is to be realized in their province; *i. e.* in a better understanding

of the laws of disease, and a better knowledge of the means of cure. We have to do in this report only with the latter. Indeed we are restricted within much more narrower limits than extent of this general idea, *viz*: to the *quantitative* relations of that idea—to the *dose*. And we may begin by alledging of this, as we have of the idea of means in general, that much is known which is positively true, and which has been established by an extent of experiment and observation adequate to prove the truth or falsehood of any idea. If this be so, then in any investigations or experiments for the advancement of knowledge of this important branch of our science, we should keep the *truth already known* constantly before our minds and carry our investigations in the direction it leads, being guided by its light. It is confidently believed that in this way, and this only, can any real progress be made. But he who attempts investigations otherwise, would resemble the astronomer who would make discoveries, discarding the laws of gravitation and refraction. If this course had been pursued in past time, we should indeed have had less controversy on this subject, but we should have had more truth. Whatever may be the history of other questions, it is believed *controversy* has done little to advance knowledge on this. It has been our misfortune, on this subject, to have much controversy and little investigation. Men have been more willing to *debate* than investigate, and are so still.—It is easier. A certain amount of ignorant assurance and presumption may make a capital disputant, and of these we never lack a supply, but it requires other, and higher, and unfortunately, rarer qualities to pursue truth to its discovery. Because we have had so much debate and so little inquiry, the increase of knowledge of the matter of doses has, since the first discovery of Hahnemann been so small; so much less than we should supposed it would have been when we remember its importance, and the minds it has engaged. If we wish to ascertain what is known in regard to doses, we may do well to start with Hahnemann where he started, at which point positively nothing was known.—What did he establish as truth in this matter? First, that such doses of drugs as were given in the allopathic treatment of disease were mischievous and often dangerous; and this just in the ratio as the effects of the drugs are like the symptoms of the disease. It would be better than it is with both physicians and the sick if this truth were better observed. In attempting to adapt his practice to the requirements of this truth, Hahnemann discovered a second, and not less important fact, *viz*: that the power of drugs to affect the living organism was not diminished in the direct ratio of their diminished quantity, when their attenuation was attempted by diffusing them through different media, and this led him to the discovery of a third truth; that a new development of power was realized by the operation of the process by which he attempted to attenuate his drugs. And in this he found a new and valuable addition to the means before possessed of combatting disease. By it he obtained many a victory, when without it, he himself would have been conquered.

I have no hesitation in declaring the above to be truths—undeniable truths; and I have as little hesitation in believing if advancement in knowledge of doses, beyond present attainment is ever realized, t will be by following out these truths, and by investigations guided and governed by their light. Indeed, I believe myself fully warranted in going further, and declaring that the only improvement in the matter of doses which has really been made by any or all who have come after Hahneman, has been made in this very way. It was thus the great and lamented Gross, achieved for himself immortality in the discovery and establishment of the energy of the higher potencies of drugs, developed H. Jenichen under his direction. While, by the other course, by forgetting the truths ascertained and established, and yielding to imagination or whim, endless debate and confusion have resulted, and nothing else. Nothing else should have been expected. It has been as though two or three thousand years were not enough to demonstrate that advancement of truth in Medicine, was not to be in the fields of fancy, but in those of fact. The Allopathic school has had abundant experience in this mistaking imagination for fact, enough to answer both for them and us, if we are wise as we ought to be. This has been its bane, and alone explains why it is that after so many years, it is found to have made so little progress in the art of healing.

The idea of doses as present to the mind of the practitioner when by the side of the sick is made up of two questions. 1st. How much shall be given? 2nd. How often?

Quantity and repetition. In regard to the first, there has been and is much difference of opinion and practice. A difference which is not to be discussed in this report. But it may not be amiss to make a remark or two upon it.

1st. The difference is believed to be greater than the nature of the subject makes necessary. It has not always been the result of mere difference in the degree of knowledge possessed by individuals. Prejudice, previous bias, circumstances, have all contributed to produce it. Sometimes the peculiar structure of individual mind is a sufficient reason for the opinions entertained on this as on other subjects. If in the nature of the question, there is greater difficulty in reaching the true answer, than is found in connexion with most others, there is in it no necessary impossibility. This should be constantly remembered. The truth can be found here just as it is found anywhere else. Not by pre-judging the case—not by attempting to foist our crude opinions or dogmata into the high position of authority, but by careful and patient observation and experiment. If the difficulty be great, so then is the duty imposed to overcome it. And this duty, great by difficulty, and the importance of the subject, belongs in no small degree to this Institute. It cannot be evaded. It can and ought to be discharged. It is not a question to which indifference at all belongs. When the right remedy is found it is not an indifferent thing whether much or little be given a patient. Indifference in this is only indifference to the patient's welfare. I am confident I have seen much suffering result from this indifference, and in more than one instance loss of life, and to me it can never afterward be a matter of indifference. If, in any degree, a similar interest in the question can be excited in the minds of the members of the Institute, the object had in view in writing this report will be gained. The law of the quantity of doses can be attained by care, dilligence, perseverance, and the observance of truths already known. Without these, however careful, dilligent, or persevering, we shall only grope in the dark, and our errors will be to future generations, what those of the past are to us, their amusement or their astonishment.

The 2d Question, the repetition of doses, is already settled by law, promulgated by Hahnemann. Never repeat a dose or change a remedy, while that given is still acting for the good of the patient. To this may be added, for the benefit of beginners in practice one other rule, and the law is perfect. In case of *doubt* whether the dose given be still acting, do nothing.

ON BLOOD-LETTING.

BY JACOB JEANES, M. D., OF PHILADELPHIA.

Read before the American Institute of Homœopathy, June, 1848.

The committee appointed last year, "to report to the Institute at its next annual meeting, on the employment and effects of blood-letting and its incompatibility with homœopapractice:" reports,

That it has endeavored to give the subject the full consideration which is demanded by its importance, but that it has been unable to prepare itself for reporting in full, and therefore wishes that the present shall be considered merely as a report in part made to show that progress in the matter confided to its care has been attempted.

The committee proposes to report in order in which the subject has been proposed to it; and therefore will first direct attention to the employment of blood-letting.

This is very extensive, and resorted to for two very opposite purposes, namely: to destroy life, and to cure diseases.

The first of these purposes; that is, the destruction of life is very easily effected by blood letting, which is therefore very generally resorted to in killing animals for food.

The latter purpose; that of curing diseases, is one of doubtful attainment. The idea of thus employing blood-letting is admitted to have originated with savage tribes: and the records of medicine show that it has been thus employed by physicians for the last two thousand years.

Bold or reckless, must we consider the man, who with the fact of the death producing property of blood-letting before his eyes, first dared to open a sluice for the escape of the blood, a fluid so neceseary to life, though his object were the cure of diseases. What happy accidents, what course of ratiocination or what inspiration prompted the adoption of such an apparently irrational procedure to this man, savage or civilized, we know not.

But we do know that its use as a remedy by

savage tribes has been employed as an argument in its favor. It is however an argument which cannot meet with acceptance before a scientific tribunal, where its employment will be viewed as the evidence of the weakness of the cause, as it affords an acknowledgment that the other proofs in its favor are deficient.

If we turn to medical history we find that Hippocrates employed blood-letting as a remedial means. He is said to have used it "as an evacuant, in order to get rid of redundant matters in the system: Secondly, for the purpose of changing the determination of the blood to or from particular parts, as circumstances might seem to require:" Thirdly, for "restoring a free movement of the blood and animal spirits in cases where they were supposed to be stagnant or obstructed, as in apoplexy and palsy:" Fourthly, "to cool the body when morbidly or preternaturally heated."

Asclepiodes appears to have employed blood-letting to restore a correspondence between imaginary corpuscular atoms and pores.

The methodic sect employed it to produce relaxation, "all diseases consisting, according to their tenets, either in too great rigidity, or its opposite, relaxation."

Celsus appears to have employed blood-letting empirically, but he "did not bleed (except in urgent cases) earlier than the second day of the disease, on account, as he observes, of the crudity of the humors that are not yet ripe for evacuation; and he objected likewise, to taking away blood later than the fourth day, for the reason that, by this time, the bad humors would be dissipated, spontaneously, or, at least, have made their full impression on the system, in which case the only effect of bleeding would be, that of needlessly weakening the patient.

Galen appears to have coincided in most points with Hippocrates, although more favorable to frequent small bleedings and more averse to single large ones than the latter.

The Arabian Physicians differed from the disciples of Hippocrates and Galen in regard to the points from which the blood should be drawn relatively to the disease: for while the latter taught that the blood should be drawn from the side which is affected, the former directed its abstraction from the opposite side. This difference of opinion "was the cause of great and lasting dissension in the schools of physic, and entire volumes were written and published on the different sides of the question. To such a height, indeed, was the dispute carried, that the University of Salamanca, in the fifteenth century, took part with the Arabians, and made a decree that no one should dare to let blood from the side affected; and add to authority to their decree, they endeavored to procure an edict from the Emperor, Charles the Fifth, to confirm it, alleging that the contrary practice was as prejudicial to the community as Luther's heresy itself.

The committee need not point out the fact that the history of blood-letting affords us no rational ground for its employment, any more than do the modern conflicting theories of its modus operandi.

The committee next proposed to examine the effects of blood-letting in quantities not quite sufficient to destroy life, and it will state them in the language of a modern advocate of blood-letting.

"There is commonly first experienced a slight feeling of languor; and if the pulse at the wrist be examined, it will be found to beat more feebly, and often more slowly, than before, though sometimes the reverse of this takes place. Breathing also becomes slower, in conformity with the pulse. And it is often irregular, with deep sighs. If the flow of blood goes on, the langour increases; the pulse becomes still more feeble and sometimes fluttering. To these succeed paleness and coldness of the skin, and shrinking of the features; cold drops of sweat hang on the forehead, and sometimes perspiration breaks out over the whole surface; the eyes look glassy and the pupils are dilated. Occasionally, also, there is vomiting, with other involuntary discharges; and in a few instances, epilepsy, or convulsive movements, more or less general take place. The pulse, at last, is not to be felt; respiration ceases, and consciousness is wholly lost. This is the state termed syncope or fainting; during which, if complete, there is in appearance, an entire suspension of all vital movements, morbid as well as healthy; it is, in fact, a state of apparent death.

"The effects now described are, for the most part, temporary in duration, and continue but for a short space of time; it may be for a few minutes only, rarely for half an hour; when the pulse again begins to be felt at the wrist; respiration is renewed, often with yawning; and consciousness returns. Hysterical laughing or crying occasionally takes place, as the patient recovers from the fainting state." "In

some instances, head-ache of a throbbing kind takes place soon after bleeding, and which may continue for several hours; and, sometimes, the following night is passed without sleep." "Where blood has been largely and repeatedly drawn, the weakness induced by it is in proportion to the quantity of blood lost, and is often very durable. The skin remains pale, and bloodless in appearance, for many months; there is great langour, or feeling of weakness; and an imperfect, and sometimes an irregular, performance of all or most of the functions."

That this is a fair picture of the effects of blood-letting in quantities not quite sufficient to kill, that is, in the quantities abstracted for the cure of disease, must be admitted by all who have any knowledge of the subject. If such are the effects upon persons in health, what must they be upon persons already prostrated by disease. If the healthy arise but slowly out of the debility produced by blood-letting must not those debilitated by disease often succumb to combined maladies; namely the original disease and effects of the loss of blood. And how numerous are the proofs which may be selected from the writings even of the advocates of blood-letting, that persons do thus perish.

On these grounds blood-letting must be viewed, as being, at best, a very dangerous remedial means. But another question has to be answered, and that is: whether blood-letting is ever a remedy?

Startling as this question may be to those who have, all their lives, been in the habit of viewing blood-letting as an undoubted remedial means; it is not the less worthy of examination. If we have yet no satisfactory explanation of its *modus operandi* in the cure of disease;—and this we have not:—we have no rational basis for its employment except that of empiricism: namely, the proofs furnished by experience of its value. And here we will be told of the vast advantages which it affords in the treatment of inflammations. Let us look at it, indeed, and observe the innumerable cases of *phrenitis, of opthalmia, of otitis, of cynanche of pneumonia, of peritonitis*, &c., &c., which resist this treatment however early and actively employed. But we will be told to note this case of pleurisy and to mark how the patient is relieved as the blood flows. It is a fact he suffers less pain, he had taken a deeper inspiration. But how is the case twelve hours afterwards? The pain is equally intense, and the respiration is as short as ever. He is bled again and is again relieved, but again the pain returns. Then come the cups which are followed by blisters, and then, if not before, antimonial and other drugs are thrown into the stomach. What has this vaunted remedy performed which acted like a charm in subduing the pain, that it needs to be followed by these aids?

Look at its *pathogenesis* and you will soon perceive what it has done. It produces syncope, fainting, a state of apparent death, in which all consciousness is lost. As the blood flowed, you could observe the process going on; the signs of syncope were accumulating; the loss of consciousness as a part of the same was also advancing. As it became more and more complete the power of perceiving the disorder was destroyed, less pain was necessarily felt, though the disease was not in the slightest degree abated. And as consciousness returned the system could again perceive its disorder. A blow on the head with a club, provided it was severe enough to have stunned him, would have answered nearly the same purpose.

But there is the buff coat which sometimes appears upon the blood abstracted in inflammations, and which often cannot be found; and, alas! sometimes appears when there is no inflammation:—Should we not bleed until this disappears? Or, is this all nonsense with which medical men have been deluding themselves and deceiving their patients? The following remarks of Magendie will serve to throw some light upon this subject:

"The yellowish stratum which accidentally solidifies at the upper part of the coagulum, consists of fibrin separated from the globules, and a physical agency perfectly independent of inflammation, namely, specific gravity, is the cause of this abnormal super-position of the fibrin. This buff, which is only an occasional appearance in human blood, occurs almost constantly in that of the horse, and there ordinarily forms two-thirds of the total mass of the clot."

"The practical question to which the subject of the buff leads, is, whether we can rationally deduce any consequences from its presence. It has long been the invariable habit of authors, of treatises on practical medicine, to recommend attentive examination of the blood; and their instructions are generally followed. But the manner in which the task is performed is extremely superficial, and yet,

from the information it furnishes, the necessity of a second bleeding is very often inferred. For my part, I have, for a number of years, paid no attention to this phenomenon than such as my curiosity to become acquainted with its cause has required; truth to say, I bleed my patients but little, and I do not perceive that they fare a whit worse than those of my neighbors." "But how can we draw any inference of importance from the presence of buff, when, as all the world knows, its formation depends on various circumstances that have no manner of connection with disease? Thus if the opening in the vein be too small, or its parallelism with that of the integuments imperfect, or if a globule of fat interfere with the flow of the liquid, and cause the blood to trickle away, it is certain that no buff will form. But open the same vein largely, and receive the blood into a narrow and deep vessel, and on the following day you will find the results in the two cases widely different. Now, by this simple exposition of facts, the question, in so far as regards the importance attributed to it in pathology, appears to be solved. What consequence can you attach to the appearance of a condition which extraneous agencies influence so materially. For either it constitutes a pathognomonic sign, (and if so it ought to occur in all similar cases, which is not found to be the fact,) or it is merely adventitious formation, without practical signification, and one which only deserves to be noted for form sake, far from being made the foundation of the course pursued in the treatment. But if medical men will cling to the opinion they have so long maintained, let them at least be consistent, and apply their measures of treatment to the vessel in which the blood is received; for it is this that modifies the coagulation of the blood and produces the morbid appearance so terribly dreaded; let them change its shape, and then they will have employed a much more infallible remedy for the evil they fear than blood-lettings repeated ever so frequently. But no: they bleed, because the buff is an inflammatory phenomenon; they bleed again to cause its disappearance, and, in truth, they are ordinarily successful in this respect after having let blood a certain number of times in succession, say three, four, five, six, or more. But that it should thus disappear is not in the least to be wondered at; there are two reasons why it should so happen; either the patient is worn out and exhausted by the frequent losses of blood he has undergone, and his impoverished fluids, deprived in a great measure of their fibrin, are incapable of affording any more of that principle for separation; or if the individual be robust and plethoric, and his blood has resisted, in a measure, the means of effecting its decomposition employed with so much hardihood, all this proves is, that the last venesection was performed under conditions, such as those I have just described, as being favorable to the production of the phenomenon in question." "You see how difficult it is to eradicate the most absurd prejudices; in spite of the evidence of our experiments, men continue to maintain that the buff is the source and origin of inflammations."—"And in defiance of all the information thus acquired, you would bleed in order to combat the ridiculous bugbear of pathologists, and although you are aware that it is developed under every condition of the system both in health and disease! But, you will say, must we then prohibit venesection in pleurisy, in pneumonia, &c.; and if we refuse to employ it in such cases, what treatment is to be adopted in its room? I will state to you with fidelity my convictions on this point. If bleeding be prescribed *because* the blood is buffy, I say that they who so prescribe it act in defiance of facts, and hence I utterly reject, on this score, the propriety of its employment. But if bleeding be advised, because it relieves the patient, diminishes the oppression he feels, soothes his pain; and, finally, because patients habitually recover by, or rather after the use of this remedial agent, then, empiric as I am, I admit that we are justified in having recourse to it; nevertheless, I must, at the same time, declare that I cannot conscientiously affirm, in the majority of cases, that the malady would not have gone through its periods, and reached a fortunate termination had venesection not been employed. And my doubts on this head are strengthened by the fact, that if, instead of weakening your patient, you support his physical and moral strength, and, watching the disease closely in all its phases, promote the occurrence of favorable crisis, and assist nature (by directing abstinence from solids, and the use of diluents) in overcoming the obstacles she encounters, you frequently see rapid recoveries occur, more rapid even than those witnessed as the sequent of abundant and repeated blood-letting. The methods of treatment, with which we are now acquainted, are unfit to fulfil such indications as those I have

enumerated; this I am well aware of, and, indeed, in the present state of things, I am, as I have more than once declared, persuaded that it is wiser to stand still, and do nothing, than act, as we must do so often, under the apprehension of possibly increasing the violence of the disorder. For you must remember that the treatment by blood-letting, employed in almost every case of acute disease, but especially in those I have adverted to, is one of the means of inducing these very diseases in healthy animals. Bleeding lessens the quantity of fibrin, proportionally increases that of the serum, and weakens the energy of coagulation; and you are aware that whatever interferes with the coagulability of the blood—its most important quality—manifests itself by morbid alterations in the organs, whence, in their turn, result a variety of serious general affections."

In these remarks of the justly celebrated Magendie, we have a proof, of which there are many similar, that the growing opposition to the practice of blood-letting is not confined to the ignorant, but is adopted by the learned, observant and reflecting physician. The utilitarian and matter of fact spirit of the present age which has been slow to touch upon medical usages, is at length operating upon the profession itself, and is leading enquiring minds into an examination of the foundations of medical doctrines and practices. The practice of letting blood for the cure of diseases, when submitted to the test of close investigation, ceases to obtain the same respect as was formerly conceded to it; as it is found that there is no knowledge of the nature of morbid actions and of the modus operandi of this agent, to demonstrate that it can cure any disease. Still, it might be pursued for the reason mentioned by Magendie, namely, the proofs of its utility afforded by experience:—if such proofs exist. But it has been already shown, that some of the experiences which, at first view, appear to be most remarkably in its favor, are fallacious. And, inasmuch as, the principal reputation of blood-letting as a curative means rests upon these deceptive experiences, we are led to distrust it as a remedial agent. Where it is employed for its direct morbid effects, as production of syncope and consequent muscular relaxation, a luxated bone may perhaps be more easily reduced; but we are far from recommending it even for this or other similar purposes; for skilful manipulations, aided by other less injurious means, will enable us to dispense entirely with employment of a means so extremely costly to the animal economy.

The committee would next proceed to consider the incompatibility of blood-letting with homœopathic treatment. This is so obvious as scarcely to require remark. Because an agent capable of producing such violent derangement both immediate and persistent, must interfere with the operation of the properly adapted homœopathic remedy.

ON THE USE OF CHEMICAL & MECHANICAL MEANS AND LARGE DOSES, IN CONNEXION WITH HOMŒOPATHIC PRACTICE.

Being a report made to the American Institute of Homœopathy, at its Fifth Annual Session, in June, 1848.

BY B. F. JOSLIN, M. D., OF NEW YORK.

A physician who administers a chemical antidote in large doses, does not thereby repudiate the doctrine, that agents which are therapeutic, in the strict and proper sense, should be administered in small doses. The law which regulates the neutralization of a poison in the cavity of the stomach, is radically different from that which regulates the cure of the morbid phenomena which the poison has already produced. The first is a law of chemical action, the last is a law of vital action. Entirely different conditions are required to be fulfilled in the two cases. The neutralization of a poison requires energetic chemical affinity between the poison and the antidote, or between some of their components. It also requires a certain relation between the mass of the poison and that of the antidote—the ratio varying with different substances. The same quantity of the antidote which would be required to neutralize a given amount of any poison in an inanimate vessel, would be required to neutralize it in the cavity of the living stomach; no more, no less. A poisonous dose will always require a ponderable dose of the chemical antidote—in case of some substances, a quantity about equal to that of the poison, in others less, in others more.

On the contrary, no known chemical relation, and no near approximation of weight, are ever required between the poison and the

antidote employed to remove the disease which the poison has produced. The relation is the vital one expressed by the law similia similibus curantur. The quantity of the vital antidote which is indispensable, and even the quantity which is most advantageous, is in almost every case of poisoning through the stomach, exceedingly small as compared with the quantity of poison.

The opinion that severe diseases require severe remedies, is a delusion originating in the misapplication of chemical, mechanical and toxicological ideas. The mass of the chemical equivalent is never expressed by an extremely small fraction; neither is that of the mechanical equivalent, in case of the velocities which ordinarily fall under our observation. To form a complete and pure compound, we weigh out the smallest component in a quantity which is immense as compared with the smallest quantity which would act powerfully on the living body. To arrest a large moving ball by means of a momentum equal and opposite to its own, we must select a ball, which—in order that it may have the requisite momentum, (i. e. product of mass into velocity) with any velocity which we are capable of giving it—has an immense magnitude as compared with the smallest dose which would act powerfully on the living body. Again, in order that a drug may quickly destroy the life of a healthy man, i. e., in order that it may be a poison in the strict sense of the term, it must be given in a dose which is immense as compared with an efficient and judicious therapeutic dose; and this is no less true where the therapeutic object is to counteract a poison, than it is in most other cases of acute disease. The dose of medicine depends upon the nature and intensity of the morbid action, and not upon the quantity of poison that has produced it.

The case is entirely different where the object is—not to remove the disease already induced by the poison, but—to prevent the poison from inducing the disease. This last is, in strictness, rather a hygienic than a therapeutic measure. It is more analagous to surgery than to medicine proper. Here the Homœopathic physician suspends for a moment his functions as a therapeutist proper, and adopts mechanical or chemical expedients, like a board of health, a surgeon, or an Allopathic physician.

The object of medical police is mainly hygienic: it removes noxious filth in order to prevent disease. Its object may be either to prevent an apprehended endemic in a city in which it has not yet commenced, or to prevent it—when once commenced—from extending to individuals not as yet attacked, or—in reference to individuals already attacked—to obviate a repetition of the poisonous action, a repetition which is aggravating and prolonging their disease. In all these cases, even in the last, it is merely removing the influence of morbific physical agents, but not any morbid vital action. Its object and function are preventive.

So it is with some of the earlier operations of a Homœopathic physician, called to a recent case of poisoning, where the poison is still chiefly in the cavity of the stomach. This cavity is practically exterior to the body proper—the living organism. But into this organism a portion of its contents are every moment liable to enter. Among the earlier steps which he is bound to take, is the neutralization of the poison, or its removal from the stomach, or both. For example, if the patient has swallowed acetate of lead, the physician administers a large dose of sulphate of magnesia. He neutralizes a corrosive or poisonous acid by calcined magnesia, and against potash, soda or ammonia, he gives vinegar or other non-poisonous vegetable acids.

In all this, his object is not to act on the living organism, not even on the stomach itself, but on the contents of the stomach; and it would be as absurd to restrict him to Homœopathic principles in the choice of the agent and the dose, as it would be were he cleaning a crucible, or fumigating a house, or purifying a street. However, from the facility with which substances in the stomach may act on the organism, he is bound to avoid, as far as possible, the formation there of new hurtful compounds.

Another part of the duty of the physician frequently is to remove the poison from the stomach. In this case, his function is analagous to that of the surgeon, when he removes a bullet, a needle or any foreign body from the flesh. The surgical operation, as to its direct and immediate effect, may not be remedial; it is oftener, on the contrary, a positive evil, a cause of present pain and hemorrhage. The secondary and remote effects of the first stage of the surgical operation are not remedial, but on the contrary, may be inflammation of the parts which require to be divided before the foreign body can be reached. Yet

we deem it right to inflict such evils, in order to prevent a greater evil. So the Homœopathic physician, whilst he denies that vomiting is a proper therapeutic operation, nevertheless considers it admissible as an antitoxical operation. He would not hesitate to tickle the fauces, or to administer large quantities of tepid water, in order to excite in certain muscles that morbid action on which vomiting depends. He would thus excite a temporary disease in these muscles, for a merely mechanical purpose, viz: the expulsion of the poison. In other cases, he might produce this as an additional result, by the continued administration of a comparatively harmless antidote: for example—to envelope and partially neutralize, and also to remove corrosive sublimate, he would give the white of eggs until he excited a sufficiently copious vomiting.

The Homœopathic physician, aware that emetic and cathartic drugs are often productive of immense mischief, will prefer the more harmless measures above mentioned, in all those cases in which he considers them equally efficient. But if cases occur in which the use of such means, or of the stomach pump, are not likely to remove the poison as promptly as active emetic and cathartic drugs, and delay was dangerous, he would not hesitate to employ these drugs. Like the surgeon, he would not hesitate to inflict the less injury, for the sake of preventing the greater.

Another duty of the physician, is to correct the pathogenetic effects which the poison has already produced in the living forces or organism. The treatment for this purpose should frequently be commenced simultaneously with that for the neutralization and removal of the poison, and should always be continued longer. Here, the physician is called to operate, not on brute matter, but on the living organism and the immaterial vital principle. On this account, we denominate the medicine employed, the vital antidote, in contra-distinction to the chemical antidote, which operates on the poison itself.

The dose of the vital antidote may differ, according as we are treating for the primary pathogenetic action, or for the consecutive effects.

When a large quantity of poison has been taken, and ponderable quantities of it are still circulating with the blood, and continually acting on the organism, it may be proper in some cases to give large doses of the vital as well as of the chemical antidote. Until nearly all the poison has been removed or neutralized, and whilst it is making violent and continually repeated assaults on the vital power, the repetition of the morbific action is continually reproducing the disease, and rendering a repetition of the medicinal action necessary. This repetition of the medicinal action can be secured by the frequent repetition of small doses; but it may also be secured by repeating at longer intervals, doses which are large as compared with those which would be proper in the Homœopathic treatment of ordinary diseases, however violent. By the larger dose, circulating like the poison in the blood, we secure a continuity of therapeutic impressions, corresponding to the continuity of the morbific impressions to be combatted. On this ground, I justify the practice so common in the Homœopathic school—of giving coffee and some other vital antidotes, in large quantities, at the commencement of the treatment, in cases where poison has been recently taken.

But this principle does not justify the administration, either of large or frequently repeated doses in ordinary diseases, however violent. The action of a large quantity of poison, still entering, or just introduced, into the circulation, may be compared to that which gravitation exerts on a falling body. The earth acts on the body every instant, and accelerates its descent, unless resisted every instant. On the other hand, ordinary diseases, originating in a primitive morbific impression, may be compared to the action of a blow which rolls a ball along a smooth horizontal plane. By a single blow in the opposite direction, the ball may be retarded, and no subsequent acceleration can take place without a new impression; and the ball may be stopped by repeated and small blows given at long intervals.

This simple illustration suffices for the object I had in view, and with those who know, that in therapeutics, forces primarily parallel and in the same direction are virtually antagonistic. But were my object to enlighten an antipathist, in regard to the great Homœopathic law, that one impression weakens the effect of a similar one, I might consider the force which is ultimately to act in arresting the ball, to be at each application of it first applied to a spring, and applied in the same direction in which the ball is moving. The reaction of the spring is in a direction opposite to the motion of the ball, and resists it. To

represent the force as applied through such a medium, has another advantage; it illustrates the continued action of a single dose, and the reason why frequent repetitions are unnecessary in ordinary diseases. The spring—which here represents the reaction of the vital forces—exerts for a considerable time its antagonistic action.

[I have stated one case for the administration of large doses; another is that of apparent or approximate death, from a poison or other sudden impression. I shall consider this in another place.]

But suppose the poison once neutralized or evacuated, or both, what is our duty then? What will be done by a true Homœopathic physician? In other words, what will be done by any physician who understands the true principles of the healing art? He will endeavor to remove, by appropriate Homœopathic medicines, the morbid actions which the poison has excited in the living organism. In effecting this, he will not ordinarily resort to large doses, or even to crude drugs, in any dose; for he has learned that small doses and the peculiar preparations of the Homœopathic school, are in general vastly superior in their efficiency as well as in their safety.

Does any sceptical bystander ridicule the proposed means as evidently inadequate to the end, on account of the disparity between the mass of the medicine and that of the human body; or is the physician himself disturbed by a similar a priori doubt, when about to administer an inconceivably small quantity of matter to remove active inflammation, violent spasms or agonizing pains? Is he tempted to doubt whether it is not contrary to all the analogies of nature, to suppose that so minute and ethereal an agent, can act efficiently on a hundred and fifty pounds of matter, or on any one ounce of it?

The answer is at hand. In the case of light, caloric or electricity—whatever physical theory we adopt in relation to their nature—there is a material agent, which in imponderable doses is capable of powerful action on the same gross and weighty human body. Whether we adopt the hypothesis of the emission of particles, or that of the undulations of an elastic medium, in either case, the agent is material, and so comminuted or rare, that it would be impossible to weigh with the most delicate balance a decillion of grains of the emitted particles, or a mass of the elastic fluid as large as the terraqueous globe. These particles or this fluid must, in the case of heat and electricity, penetrate with great freedom the pores of iron and gold, and, in the case of light, the pores of glass and diamond.

To reject the teachings of Homœopathic experience on such a speculative ground, as the presumed impossibility that minute doses of an attenuated medicine can act on such great and gross bodies as ours, would be like the reasoning and conduct of a man, who should say to his friend, "You need not fear to keep your bare hand almost in contact with a bushel of intensely ignited coal, nor to gaze at the meridian sun in a clear sky, with your inflamed eyes. In either case, the size and weight of your body will perfectly secure you; for I have ascertained that the weight of the matter that would enter your system in a whole day, is less than that of the highest attenuation which the most visionary Homœopathist ever administered in the pores of a grain of dry sugar of milk."

Now the physical facts stated by this theorist are perfectly true; but his practical conclusions are utterly false; as every child knows, from sheer experience. Such conclusions would only be worthy of a closet philosopher, who had lived since his infancy in a cell destitute of windows and fire, and lighted with the faint flame of an inaccessible lamp.

In like manner, our closet speculator—with perfectly just ideas in regard to the weight of electricity—having learned—what is indeed the fact—that a thunderbolt is much lighter than the smallest dose of Homœopathic medicine ever employed, might very consistently venture to receive through his body, the shock of the most powerful electrical battery, or stand during every thunder-storm, with an unfinished lightning-rod resting on his head. Imagine the rod to be complete except at the lower part, where it terminates in the room five feet above the floor, and is eked out by the erect body of our consistent Allopathic philosopher.

If it is obviously preposterous to deny the power of light, caloric and electricity, in defiance of experience, how can it be reasonable to deny the power of the Homœopathic doses and preparations, in defiance of experience? The medicinal portion of these preparations, differs from crude matter, in some degree of approach towards these imponderable agents, in respect to their rarity and the minuteness of their parts. The molecules of the imponderable agents must be inconceivably minute;

and on this minute division their activity probably depends. But our belief in the fact of their activity is founded on experience. The teachings of this experience in regard to them, no sane man rejects. With such analogies to remove the a priori improbability of the activity of minute portions of matter in a minutely divided state, why should a sane man reject the abundant proofs which experience furnishes, that the Homœopathic preparations possess great activity, and are capable of controlling violent diseases, and antidoting virulent poisons? The a priori improbability being removed, we are left at liberty—nay we are compelled—to admit the testimony of experience in regard to the power of Homœopathic doses and preparations, just as unhesitatingly as we do the same testimony in relation to the above mentioned transcendentally active agents of nature. Why then should we generally administer large doses, if experience has proved that small ones are more safe and generally more efficient?

I will anticipate one objection which may be raised against this doctrine, in its application to cases of poisoning. It may be said, you have removed the poison from the stomach and intestines, but not from the blood. Do you expect to antidote and combat, by your infinitessimal doses, the poison which may be circulating in the vascular system? To this I have three answers. First, The chemical antidote, previously administered, is also soluble and susceptible of being received into the blood. It is circulating in the blood-vessels as truly as the poison; and if it has been administered in the requisite quantities, it is there meeting the poison in the interior of all the organs, and there exerting the requisite chemical power. Secondly, I have supposed the vital antidote to have been given in large or in frequently-repeated doses, for a few minutes or hours, whilst any considerable quantity of the poison remained in the blood. This will not be for a long time, as nature effectually strives to eliminate these foreign substances. Thirdly, The chemical and the vital antidotes to a poison are rarely identical, and ordinarily very dissimilar. Consequently, if we give the chemical antidote in ever so large quantities beyond what is necessary to neutralize the poison, we thereby do nothing towards enabling us to dispense with the vital antidote; and on the other hand, if we give the vital antidote in ever so large doses beyond what is necessary to correct the morbid affections of the living organism, we thereby do nothing at all either towards neutralizing or removing the poison which is circulating in the blood-vessels, any more than we should if it were still in the stomach or intestines. The chemical and vital antidotes cannot perform functions which are vicarious to each other.

Experience has demonstrated, that in almost every case—especially where there is not a continual repetition of the morbific action—the vital antidotes act best in exceedingly small doses. One exception is admissible; that is where the excitability is nearly or entirely suspended in a sudden manner; as in cases of apparent death from lightning, when the nervous energy has been suddenly exhausted by this external cause, or in cases of drowning, strangulation or other cases of sudden asphyxia of an external or mechanical origin. It is the property of true medicines to act on life, but not on a dead body. In many of these cases of incipient or apparent death, the first object to be attained is a mechanical one, (like vomiting to remove a poison) and our first object is to employ means which will excite certain muscular actions. In asphyxia from the above causes, life will often be restored, provided we can only restore the mechanical actions of respiration. These will be followed by the chemical actions producing the arterialization of the blood, and the chemical actions will be followed by that degree of vitality which will reproduce the mechanical actions, and thus restore the whole function, which will then be carried on spontaneously. Now in this series, the primary mechanical actions must be artificially excited, and the physician is operating in the capacity of a mechanic. He for a moment, lays aside his peculiar and more transcendental prerogative, as an engineer for regulating the vital forces by the appropriate delicate agencies, in order to give the engine a start by a coarser lever. Now this may often be done by inflating the lungs, by reciprocating movements of the ribs, by electricity, frictions and stimulating applications. It is no disparagement to Homœopathic therapeutics, that it cannot, like electricity, produce muscular action in a dead body. Yet these mechanical actions may be essential to resuscitation, after which the Homœopathic medicines are the most efficient agents for restoring the patient to health. A similar reason for large doses may exist in

certain cases of insensibility, or of partial death from some kinds of poison.

But does this justify the resort to large doses in cases of apparently approaching or incipient death from ordinary disease? It does not. For in this case, the vital powers are weakened by a previous and often a remote morbific impression. If an Allopathic dose be given, it may either accelerate or retard the death a few minutes or a few hours, but it will in either case render the death more certain. If a large Homœopathic dose be given, it will render the death both more speedy and more sure. I am willing to have such practices judged with exclusive reference to the good of the patient, and to waive all considerations of policy and of regard to the reputation of our glorious and benificent system. But I will say, that to resort to any other than proper Homœopathic treatment, merely because a case is desperate, is to give the false impression that large doses and crude drugs are more efficacious than the small doses and the potentized preparations of Homœpathia. If they were so, they should have been given earlier, and not when, at best, they can but tantalize with a hope to be presently extinguished in despair and death.

As to large doses in general, they are indeed capable of producing effects which small doses ordinarily will not. For example, they can excite violent purging, vomiting, sweating and other morbidly excessive excretions. But these effects are worse than useless. The most common apology is the expulsion of bad or excessive bile and other vitiated secretions, which the physician imagines in the stomach and bowels. The patient is especially warned that these will accumulate if there is the least constipation. To be convinced of the utter falsity of this doctrine, he has only to try the experiment under Homœpathic treatment. It may require a little time to remove by Homœopathic treatment the constipated habit; but during this time, the patient observes that his excretions are vastly more natural in character and vastly freer from any excess of bile or vitiated matter, than when he took cathartics and emetics. Every Homœpathic physician knows, that when the constipation has continued for many days, the stools are usually of a healthy character. He generally allows constipation to continue from four to seven days after accouchement, and finds the stools to have a better character, and the patient a better recovery, than when the evacuation takes place in two or three days, whether spontaneously or by a cathartic. In cases of small pox, I have known the constipation continue fifteen and twenty-two days, and be followed by perfect stools and a good recovery. The convalescence commenced before the evacuations and were not caused by them. I have known no injury from such a course in any instance.

The effects of overloading the stomach—even with undigestible food—can in almost every instance be best obviated by Homœopathic treatment with small doses. Large doses of ordinary domestic coffee—which, in a single dose, has a less permanent action than most other drugs—is sometimes resorted to in such cases. I have not found it necessary, but cases may arise which will justify its use.

As to hard substances accidentally swallowed, or taken with the food—such as small coin and buttons, and huge quantities of cherry stones—emetics and cathartics are admissible, as in cases of poisoning. But the Homœopathic physician will in such cases prefer tepid water, and other evacuants which are but slightly medicinal.

Another enquiry of some importance in relation to the boundaries of the Homœopathic art, i. e. of medicine proper, is that which relates to the appropriate limitation of surgery. Time does not now allow me to give this a full examination. I shall, as in the case of the preceding topics, content myself with a few hints.

Surgery has its uses and abuses. There will always be cases requiring mechanical treatment. For example, fractures and dislocations can neither be prevented nor cured by Homœopathic treatment; though after the replacement of the parts, it is a useful auxiliary; indeed as to the removal of the disease proper, it is our sole reliance. The wounds of large arteries present a similar case.

Another class of cases, are surgical in their existing state, but they might have been prevented by appropriate Homœopathic treatment. For example, large urinary calculi, and the last stage of aneurisms of some large arteries.

There is another class of cases, which do not belong properly to surgery in any stage; but which the Allopathic school has generally treated, either wholly or in part, by external or mechanical means—means which belong to and characterize the province of sur-

gery. To this class belong most cases of opthalmia, schirrus, cancer, and a great variety of ulcers. Though the surgeon has not always neglected constitutional treatment, it has generally been the extremely defective treatment of the Allopathic school. The results of this have been often so unsatisfactory, that he has relied much on surgery proper, and employed various external and mechanical means, including the use of the knife How many useless incisions, excisions and mutilations are there not chargable to a defective system of medical treatment?

Homœopathia, in its present state, could obviate by far the greater part of surgery; and it is destined to obviate nearly the whole. Homœopathia will do far more than supply its place. Dr. Mott, my respected instructor in surgery, was in the habit of saying, "There is more honor in saving a limb than in amputating it." This honour will be especially awarded to Hahnemann and the Homœopathic physicians. Homœopathia will in time put an end to most mutilations for disease, whether they be the removal of limbs, of breasts, of tonsils or of uvulæ. Not only the destruction of useful parts, but the frequent abbreviation of life itself by their removal, is chargable to rejection of the benificent system founded by Hahnemann. Statistics show that the average duration of life among those affected with schirrus and cancer, is shortened by operations—that those on whom excision is practiced, die sooner than those who submit to no operation. Most local diseases, so called, are really general; most surgical diseases, so called, are really medical. When the medical profession shall have generally appreciated these truths, and adopted the Homœopathic art of healing, the average duration of human life will be greatly increased.

B. F. JOSLIN.

New York, June 15, 1848.

REPORT OF THE CENTRAL BUREAU. 1848.

As regards the official action of the Central Bureau in relation to the leading objects of its institution, viz: the augmentation and improvement of the Materia Medica; there has been but little to do in the course of the last year. For its views on these points, the Bureau would refer to the report made at the last annual meeting of the Institute.

The Bureau must have misconstrued its duties or there must have been a general misunderstanding, on the part of the branches and local bureaux, in relation to the organization of the Institute on this particular head.

It is known that there are several branches and local bureaux, which have been formed by the recommendation of the Institute, at its third annual session, yet no communication has been received by the Central Bureau, within the last year, on the subjects named in that recommendation, from any local organization, except from the Philadelphia Bureau.

Although nothing has been presented to the Bureau for action in its collective capacity, individual members of it and their coadjutors have been actively engaged in collecting materials for future action by proving new medicines.

Among these are the following, viz:—Lobelia cerulia, Glonoin, Allium cepa, Allium sativum, Lithium carbonicum, Sabbatia angularis, Cinnabaris, Mercurius sulphuricus, (or syphilitica,) Zincum cyanicum, and Xanthoxylon fraxinium.

C. HERING, M. D.,
J. JEANES, M. D.,
C. NEIDHARD, M. D.,
W. WILLIAMSON, M. D.,
J. KITCHEN, M. D.
} Central Bureau.

NAMES OF MEMBERS.

Adams, Henry, M. D., Coxsackie, N. Y.
Adams, R. E. W., M. D., Cleaveland, Ohio.
Anderson, M , M. D., Philadelphia, Pa.
Andrews, J. R., M. D., Camden, N. J.
Annin, J. D., M. D., Elizabethtown, N. J.
Atwood, M., M. D., Francistown, N. H.
Allen, Jas. H., M. D., N. Y. city.

Ball, A. S., M. D., N. Y. city.
Barlow, S. B., M. D., N. Y. city.
Baner, A., M. D., Cincinnati, O.
Barrowes, Ira, M. D., Pawtucket, R. I.
Bartlett, E. M. M. D., St. Louis, Mo.
Bayard, Edward, M. D., N. Y. city.
Belcher, Geo. E., M. D , N. Y. city.
Bell, Sanford, M D , Philadelphia, Pa.
Belt, R. G., M. D., Woonsocket, R. I.
Bennett, H., Dr., Cayuga Co., N. Y.
Berens, Bernard, M. D., Philadelphia, Pa.
Berens, Joseph, M. D., Philadelphia, Pa.
Bloss, Richard, M. D., Troy, N. Y.
Boardman, J. C., M. D., Trenton, N. J.
Bolles, R. M., M. D., N. Y. City.
Bowers, B. F., M. D., N. Y. City.

Bowers, Josiah, M. D., Smithtown, L. I.
Bradford, Richmond, M. D., Auburn, Me.
Brown, Wm. R. M. D., Oneida co., N. Y.]
Bryan, R. S., M. D., Troy, N. Y.
Burritt, A. H., Dr., Burton, Geauga co., O.
Bute, G. H., M. D., Nazareth, Pa.
Barrows, George, M. D., Taunton, Mass.
Beakley, J. M. D., N. Y. City.
Baker, George, M. D., Chelsea, Miss.
Baxter, Wm., M. D., Fishkill, N. Y,
Bell, H. W., M. D., Geneva, N. Y.
Brown, J. R., M. D., Phœnix, N. Y.
Beard, D. H., Dr., Troy, N. Y.
Burke, A. C., M. D., Brooklyn, L. I.

Cator, H. Hull, M. D., Syracuse, N. Y.
Channing, Wm. M. D., N. Y. City.
Child, Amherts, M. D., Waterloo, N. Y.
Clark, Eliphalet, M. D., Portland, Me.
Clark, P., Dr., Coventry, R. I.
Clark, Luther, M. D., Boston, Mass.
Cook, Geo. W., M. D., N. Y. City.
Cook, A. P., M. D., Hudson, N. Y.
Crittenden, W. H., Dr., Bergen Co., N. J.
Crittenden, J., Dr., Morris Co., N. J.
Crosby, —— Dr., Akron, Summit co., O.
Chase, H. L., M. D., Boston, Mass.
Clary, Lyman, M. D., Syracuse, N. Y.
Colby, Isaac, M. D., Salem, Mass.
Cox, George, M. D., Williamsburgh, L. I.
Cummings, J. M., M. D., Salem, Mass.

Detwiller, H., M. D., Hellertown, Pa.
Dubs, Samuel R., M. D., Philadelphia Pa.
Dunnell, H. G., M. D., N. Y. City.
Dutcher, B. C., M. D., N. Y. City.
Dewolf, Jno. S., M. D., Providence, R. I.
Douglass, J. S., M. D., Milwaukie, Wis.
Date, D. M., M. D., Pittsburg, Pa.
Dodge, Moses, M. D., Portland, Me.
Dake, C. M., Dr., Genoessee, N. Y.
Donovan, T. W., M. D. N. Y. City.

Ehrman, B., Dr., Lancaster, Pa.
Ehrman, F., Dr., Hagerstown, Md.
Ehrman, F., Dr., Baltimore, Md.
Esrey, W. P., M. D., Philadelphia, Pa.

Fairchild, S., M. D., Parsippany, N. J.
Flagg, Josiah F., M. D., Boston, Mass.
Freeman, G., M. D., N. Y. City.
Fuller, Milton, M. D., Medford, Mass.

Gardiner, Richard, M. D., Philadelphia, Pa.
Gardiner, W. A., M. D., Philadelphia, Pa.
Gilbert, Jas. B., M. D, Savannah, Ga.
Gosewisch, C , M. D., Wilmington, Del.
Gray, John F., M. D., N. Y. City.
Green, J., M. D., Washington, D. C.
Gregg, Samuel, M. D. Boston, Mass.
Guernsey, H. N., M. D., Frankford, Pa.
Gallup, Wm., M. D., Bangor, Me.
Geurnsey, E., M. D., Williamsburgh, L. I.
Geist, F., M. D. Boston, Mass.
Graves, S. W., M. D., Taunton, Mass.
Guy, S. S., M. D., Brooklyn, N. Y.

Hale, Eben, M. D., Boston, Mass.
Hallock, L., M. D., N. Y. City.
Harris, Z. H., Dr., N. Y. City.
Havens, S. F., M. D., Utica, N. Y.
Haynel, A. F., M. D., Baltimore, Md.
Helmuth, Wm. S., M. D., Philadelphia, Pa.
Hempel, Charles J., M. D., N. Y. City.
Hering, C., M. D., Philadelphia, Pa.
Holt, Daniel, M. D., Lowell, Mass.
Hoyt, D. O., M. D., Cleaveland, Ohio.
Hull, A. G., M. D., Newburgh, N. Y.
Hull, A. Cook, M. D., Brooklyn, N. Y.
Humphreys, E., Dr., Utica, N. Y.
Hanford, L. C., M. D.. Williamsburgh, L. I.
Harris, C. W., M. D., Pawtucket, R. I.
Herrick, J., M. D., Lyndeborough, N. H.

Ingalls, Wm., Sen., M. D., Boston, Mass.
James, D., M. D., Byberry, Pa.
James, Isaac, M. D., Holmesburg, Pa.
Janney, D., Dr., Loudon co., Va.
Jeanes, Jacob, M. D., Philadelphia, Pa.
Jones, E. D., M. D., Albany, N. Y.
Joslin, B. F., M. D., N. Y. City.

Keep, L , M. D., Fair Haven, Conn.
Kern, B. J., M. D., Philadelphia, Pa.
Kimball, D. S., Dr., Sackets Harbour, N. Y.
Kirby, S. R., M. D., N. Y. City.
Kitchen, James, M. D., Philadelphia, Pa.
Koch, A., M. D., Philadelphia, Pa.
Kinsley, H., M. D., N. Y. City.

Leon, Alexis, M. D., St. Louis, Mo.
Lingen, Geo., M. D., Yellow Springs, Pa.
Lippe, A., M. D , Carlisle, Pa.
Loomis, J. G., M. D., Syracuse, N. Y.
Lovejoy, E., M. D., Oswego, N. Y.

Munger, E. A., M. D., Waterville, N. Y.
Mairs, J., M. D., N. Y. City.
Manchester, C. F., M. D., Pawtucket, R. I.
McManus, F. R., M. D., Baltimore, Md.
Matthews, Caleb B., M. D., Philadelphia, Pa.
McVickar, J. A., M. D., N. Y. City.
Morrell, ——, Dr., Akron, Summit co. O.
Merrill, J., M. D., Portland, Me.
Miller, Adam, M. D., Cincinnati, Ohio.
Middleton, J. D., M. D., Baltimore, Md.

Marcy, E. E., M. D., Hartford, Ct.
Middleton, R. S., M. D., Burlington, N. J.
McKnight, C. G., M. D., Providence, R. I.
Moore, J. D., M. D., Newtown., Pa.

Neidhard, Chas., M. D., Philadelphia, Pa.
Norton, L. H. M. D., Bridgeport, Ct.

Okie, A. H., M. D., Providence. R. I.
Orme, John, M. D., Pennsylvania.
Osgood, David, M. D., Boston, Mass.

Palmer, M. W., M. D., Williamsburgh, L. I.
Paine, Henry D., M. D., Albany, N. Y.
Paine, John A., M. D., Albany, N. Y.
Payne, John, M. D., Belfast Me.
Payne, W. E.. M. D.. Bath, Me.
Palmer, W. C., M. D., N. Y. City.
Peak, J. M., Dr., Cooperstown, N. Y.
Pehrson, J. G., M. D., Philadelphia, Pa.
Peirson, F. D., M. D., N. Y. city.
Piper, J. R., M. D., Washington, D. C.
Pulte, J. H., M. D.. Cincinnati, O.
Petherbridge, J. B., M. D., Paterson, N. J.
Parker, H. C., M. D., Manchester, N. H.
Payne, L. V., M. D., Belfast, Me.
Peterson, James, M. D., Ware, N. H.
Poole, A., Dr., Oswego, N. Y.
Potter, E. A., M. D., Oswego, N. Y.

Quin, Jas. M., M. D., N. Y. city.

Rhees, Morgan J., M. D., Mount Holly, N. J.
Robinson, ———, M. D., Auburn, N. Y.
Romig, J., M. D., Allentown, Pa.
Rosa, Storm, M. D., Painesville, Ohio.
Rosman, Robert, M. D., Brooklyn, N. Y.
Royston, T. P., M. D., Lockport, N. Y.
Rea, Albus, M. D., Portland, Me.
Raymond, J. C., Dr., Waterville, N. Y.
Reading, J. K., M. D., Byberry, Pa.
Roberts, J., Dr., Vassalboro, Me.
Richardson, E. F., M. D., Syracuse, N. Y.
Russel, George, M. D., Waltham, Mass.
Roche, M. B , M. D., New Bedford, Mass.
Reichhelm, Gust., M. D., Pittsburgh, Pa.

Sceitz, Oscar, M. D., New London, Ct.
Schmidt, J., M. D., Baltimore, Md.
Schmœle, H., M. D., Philadelphia, Pa.
Schwartz, Gust., Dr., Philadelphia, Pa.
Sherrill, H., M. D., N. Y. city.
Sheppard, ———, Dr., Bainbridge co., O.
Schue, J., M. D., Hartford, Ct.
Sims, Francis, M. D., Philadelphia, Pa.
Smith, Edward M., M. D., Philadelphia, Pa.
Small, A. E., M. D., Philadelphia, Pa.
Snow, R. A., M. D., N. Y. city.
Sullivan, John L., M. D., N. Y. city.
Stevens, C. A., M. D., Lockport, N. Y.
Swazey, Geo. W., M. D., Springfield, Mass.
Sawyer, B. E., M. D., Concord, Mass.
Skiff, C. H., M. D., New Haven, Ct.
Swan, Daniel, M. D., Medford.
Shockford, Rufus, M. D., Lowell, Mass.
Stansbury, R. M., M. D., Brooklyn, L. I.
Stebbins, N., M. D., Clinton, N. Y.
Smith, D. S., M. D. Chicago, Ill.

*Taft, G. M., M. D., New Orleans, La.
Taylor, John, M. D., N. Y. city.
Taft, C. A., M. D., Hartford, Ct.
Thayer, David, M. D., Braintree.
Train, H. D. M. D., Roxbury, Mass.
Tarbell, J. A., M. D., Boston, Mass.

Vinal, L. G., M. D., Philadelphia, Pa.

Ward, Walter, M. D., Philadelphia, Pa.
Ward, J. M., M. D., Albany, N. Y.
Ward, P., M. D., Troppe.
Weld, C. M., M. D., Roxford, Mass.
Wells, P. P., M. D., Brooklyn, N. Y.
Wesselhœft, W., M. D., Boston, Mass.
Whitehead, C., M. D., Harrisburg, Pa.
Wild, Chas., M. D., Brookline, Mass.
Williams, C. D., M. D., Cleveland, O.
Williams, T. S., M. D., Germantown, Pa.
Williamson, W., M. D., Philadelphia, Pa.
Wilsey, F. L., M. D., N. Y. city.
Wilson, A. D., M. D., N. Y. city.
Witherill, E. C., M. D , Canandaigua, N. Y.
Withby, Samuel J., Dr., Philadelphia Pa.
Wright, Clark, M. D., N. Y. city.
Walker, Chas., M. D., Northampton, Mass.
Warner, L. T., M. D., N. Y. city.
Wells, L. B., M. D., Pompey, N. Y.
Whittle, J. F., M. D., Nashua, N. H.
Woolverton, A. N., M. D., Canada West.
Wolcott, W. G., M. D., Whitehall, N. Y.

* Deceased.